UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING

Thursday, March 5, 2020, 10:00 AM – 12:00 PM MDT

Utah Department of Health
288 North 1460 West, Room 128
Salt Lake City, Utah

Minutes

Members Present: Randall Rupper (Chair), Todd Bailey (online), Patricia Henrie Barrus, Mark Dalley, Henry Gardner, Preston Marx (online), Sarah Woolsey, Matt Hoffman, Dallas Moore, Anika Gardenhire

Members Absent: Ben Hiatt , Ken Schaecher

Staff Members: Navina Forsythe (UDOH), Kailah Davis (UDOH), Humaira Lewon (UDOH), Valli Chidambaram (UDOH), Huaizhong Pan (UDOH)

Guests: Matt Hansen (online) (Homecare & Hospice Association), Sid Thornton (Intermountain Healthcare)

1. Welcome and Introduction:

Randall Rupper welcomed new commissioners and everyone in the room at 10:01 AM and there were brief introductions. Randall also mentioned the Telehealth position is vacant and there is a nomination to fill that position.

2. Approval of Minutes:

The January 2020 meeting minutes were reviewed and Sarah Woolsey requested a correction (Intermountain likes to be IM not IHC anymore).

MOTION 1:
The motion for approval, if amended, was made by Sarah Woolsey at 10:07 AM**,** Henry Gardner seconded. All voted in favor.

Requested change:

Action Item #1: Humaira will update the March 2020 minutes to reflect the suggested change.

3. Discussion Items

a. Social Determinants of Health (SDOH) Panel Follow-up

Recap

- Sarah Woolsey recapped that there were panel presentations from several people working in the space of assessing for social determinants of health, connecting

people to appropriate resources and care. Sarah went on to briefly summarize the SDOH presentations. One presentation was from the University of Utah researcher Andrea Wallace who is working on an emergency department screening referral to 211, which is the United Way service, and getting referrals back into the University of Utah health system to track the patient's outcomes and to help with follow-up and identification of potential barriers. Sarah noted that Kaitlin Schneider from 211, who is the community outreach manager, is trying to coordinate all several SDOH projects with different agencies. Sarah further highlighted that Jean Smith from the Alliance, which is an Intermountain supportive collaborative that is working on some committees to complete community-based assessments, is working with 211 on a referral process with Kaitlin and is also using a SDOH platform to share information with caretakers; the Alliance is working with high-risk patients on Medicaid to pilot the platform and referral process. Sarah went on briefly describing the work presented by Anna Dillingham, the Utah Department of Health (UDOH) representative speak about social determinants at the DOH, then lastly, she explained the different connection options that are in the CHIE for sharing SDOH data. Sarah highlighted that the discussion, recommendations/solutions, and funding opportunity for advancing SDOH projects should be a priority. For an in-depth review of the SDOH discussion, see UDHSC March 2020 recording, handouts, and minutes.

- Navina Forsythe suggested elevating SDOH as a priority. Navina went on to mention that she spoke with Dr. Miner and he is supportive but would like a clear recommendation from the UDHSC of what the "ask" is specifically to come out of that. Something that has come out of legislation is prisoner reform and law enforcement and barriers to sharing there. The Governor's office is tackling issues related to uninformed consent and Navina will continue reaching out to them to determine if their use cases align with UDHSC's projects and how the Governor's office can tackle consent on a state level.

SDOH and Consent

- Sid highlighted that there is a need to have a separate discussion regarding patient consent and disambiguition (a brief discussion of these issues are highlighted in the January 2020 minutes). Commissioners noted that ThsISU can help lay the foundation to overcome that barrier, however, Sid noted that everything is predicated on person consent. Navina highlighted that there has been a lot of work around when consent is needed and when can one legally share data without consent-- there are both state and federal barriers. Also, it is unclear how much work has been done around patient consent for sharing SDOH data. Navina went on to note that while much more needs to be done around the topic of consent, for some projects, such as the Falls risk prevention project, UDOH delved into the law and to determine how the data can be shared without getting patient. It was proposed that tackling consent can be on a case-to-case basis.

Wrap-up

- Sarah recapped some of the points brought up by the Commissioners and highlighted three issues that UDHSC can help with: 1) identity issues, 2) consent

issues, and 3) statewide platform and exchange model. She went on to highlight the importance of identifying use cases and seeking out funding opportunities to support different projects and develop pilots. Sid suggested that a project around understanding the HIPAA issues should be the first use case as the potential lessons learned from such a project will help the community understand consent and availability. Navina followed up by suggesting the use of UHIN as a platform to identify and solve legalities in cross viewing with social services. Sarah recommended putting the issues around identity, consent, and a statewide platform exchange model into the HIT plan and actively work on it as a group. Se went on to suggest that UDHSC identify "low hanging fruits" and long term goals and projects, as well as funding opportunities to pilot different projects/use cases.

Action Item #2: Update the HIT plan to include SDOH recommendations and UDHSC actively monitors progress.

Action Item #3: Navina will reach out to GOMB to determine if their projects around SDOH aligns with UDHSC interest.

b. Health Information Exchanges (HIE) – Utah and National Updates and Priorities

Overview

- Matt Hoffman provided a high-level overview of the HIE landscape nationally and how it affects Utah. He went over the current status of Utah's HIE, the Clinical Health Information Exchange (CHIE), the CHIE's long-term goals to ensure progress in the future, and sustainability plans.
- Matt discussed HIE versus interoperability and some of the exchange standards developed to support interoperability, many of these standards are used by the CHIE to exchange data with partners. See the presentation (slides 2-4). Specifically, Matt discussed the evolution from HL7v2 to FHIR APIs. He noted that in the past, the data exchange standard relied heavily on the HL7v2 and that allowed the CHIE to connect to most of the hospitals and clinic systems in the State. However, data interoperability is headed in the direction of increasing the ease of being able to build and use FHIR APIs to connect systems and access data. Matt then described query-based exchange standards and highlighted an example of a query-based model that is used to share information with one or multiple entities concurrently (see slide 4).
- Matt noted that much of the data the CHIE receives is store in a virtual clinical data repository (CDR). Matt highlighted that some of the benefits to the CDR model include availability and speed (the data is there when you need it so it is fast. Moreover, the CDR model allows UHIN to quickly analyze and "slice and dice" data which allows them (the CHIE) to use the data for population health analysis.

National HIE Landscape

- Matt reviewed the national exchange landscape and highlighted different organizations and initiative that is helping to increase interoperability across the county.

- The first is the Strategic Health Information Exchange Collaborative (SHIEC) which is a group of health information exchanges from across the country, it started with Utah years ago and groups formed. SHIEC now has over 100 members nationally and has gained national recognition. As part of the SHIEC, member HIEs began connecting and exchanging data with each other. SHIEC members also created the Patient Centered Data Home (PCDH), which is a system of hubs nationally that enables the exchange of patient information across HIE organizations. UHIN is part of the western state hubs and currently exchange health information for admissions, discharges, and ER visits. These events trigger an alert and the notification is sent to the patient's home HIE. UHIN is working on expanding its current connections to allow the exchange of clinical records between Arizona, Colorado, and the CHIE.
- eHealth Exchange was a network that was created primarily for the federal entities with healthcare to share information using the query-based models.
- Carequality started 7 years ago and it was a group of EHR vendors to provide a national consensus on a common interoperability framework to improve the sharing of health information in an efficient manner.
- Matt went on to briefly discuss Trusted Exchange Framework and Common Agreement (TEFCA), which is an overarching supervising body and quality health information networks with multiple connections that feed into them and help improve health information exchange nationally. Matt noted that UHIN is in the process of releasing the groundwork for TEFCA.

HIEs Regionally, CHIE Improvements, and Wrap-Up

- Matt discussed the regional HIE landscape and highlighted that all surrounding states have at least one HIE.
- In Utah currently, there are multiple options for sharing information; Direct, Query, Push, API.
- UHIN is focused on improving data quality. For example, UHIN has purchased a new master patient index (MPI) and the CHIE will have a new HIE platform soon (will be installed in the next quarter). The new platform will increase the quality of the tools the CHIE can provide. Also, UHIN is working towards increasing population health tools within the CHIE and making it easier to normalize data and share information.
- Matt described the ThSisU State MPI Project and noted that UHIN's MPI is connected and communicating with multiple MPI. Also, UHIN is working on sharing the master person index with Idaho. Matt highlighted several funded use cases that are reliant on UHIN's MPI: 1) newborn screening, 2) pediatric patient summary, 3) falls prevention grant, and 4) controlled substance database connection. The Commissioners were interested to learn more about projects around MPI and Matt said the commission should revisit that topic at a future UDHSC meeting. Sid highlighted the need to revisit the recommendations produced by the SIM grant around statewide MPI and possibly begin to start working on pushing the SIM-MPI use cases forward, such as the ePOLST project

forward. Navina noted that for ePOLST there is a department standardized form, however, she suggested that the commission makes a recommendation outlining the argument for a centralized POLST repository and why and how the repository. Navina went on to discuss some potential challenges in creating a centralized POLST repository specifically highlighting buy-in, resources, time, and funding.

Action Item #4: The CHIE, SIM MPI use cases, and ePOLST discussions will be revisited for about thirty minutes at the next UDHSC meeting.

4. Informational:

a. Reminder Next Month's meeting focus – Behavioral Health Interoperability facilitated by Trish Barrus

- Commissioner suggested issues that should be highlighted during the Behavioral Health Interoperability session at the next UDHSC meeting. Some issues suggested are barriers in sharing information under 42 CFR, how consent is done for behavioral health, the digital and technical landscape for sharing mental health information, and training and education around sharing mental health data for mental health providers.

Action Item #5: Commissioners should circulate potential topics with Trish and the rest of the members.

Wrap Up and Next Steps:

MOTION 2: Having no other business, the meeting to adjourn at 12:03 pm.

The next DHSC meeting is scheduled for Thursday, September 3, 2020 from 10:00 am to 12:00 pm.